

write fully, with Unfading Ink. This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		81	
County of <u>Gila</u>	District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. <u>44</u>	
Town of <u>San Carlos</u>	City of _____	Register No. <u>44</u>	St.; _____ Ward)
FULL NAME OF CHILD _____		{ Born { Yes	
If child is not named, make Supplemental report on blank obtainable from local registrar.		{ Alive { No	
Sex of Child <u>Male</u>	Twin, Triplet or other <u>Singl</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 27</u> 19 <u>10</u>
Full Name <u>Frank Crockett</u>	FATHER	Full Maiden Name <u>Lott Washington</u>	MOTHER
Residence <u>San Carlos</u>		Residence <u>San Carlos</u>	
Color or Race <u>Indian</u>	Age at last Birthday <u>36</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>20</u> (Years)
Birthplace <u>Arizona</u>		Birthplace <u>Arizona</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u> Were precautions taken against Ophthalmia neonatorum? <u>Not known</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on _____, 19____, at _____ M			
*When there is no attending physician or midwife, then the householder must make this return.			
Given or christian name added from a supplemental report _____ 19____		(Signature) _____ (Attending physician, midwife, householder. *)	
Filed <u>Mar 5</u> 19 <u>10</u>		Address <u>Carl P. Boyd, M.D.</u>	
033-227-465 Filed <u>Mar 7</u> 19 <u>10</u>		A TRUE COPY. <u>B. S. Gray</u> LOCAL REGISTRAR	
COUNTY REGISTRAR.		COUNTY REGISTRAR	